

CITY OF BOSTON



Patricia A. Malone
Director

George S. Alex
Deputy/Special Asst. Corp. Counsel

Boston City Hall
Room 817
Boston, MA 02201
(617) 635-4165
Fax (617) 635-4174

Mayor's Office of Consumer Affairs and Licensing

APPLICATION FOR A NON-LIVE ENTERTAINMENT LICENSE

Please fill out the following application in its entirety and return the completed application with all requested documentation to the Licensing Division. Failure to complete the application or failure to submit all required documentation in a timely manner will delay the processing of your application. THIS APPLICATION IS VALID ONLY FOR THE FOLLOWING TYPES OF ENTERTAINMENT:

Please identify with a checkmark the entertainment for which you are applying:

- | | |
|---|---|
| <input type="checkbox"/> Radio | <input type="checkbox"/> TV(s)/Monitor(s), # of _____ |
| <input type="checkbox"/> Cassette/compact disc player | <input type="checkbox"/> Widescreen TV(larger than 27"), # of _____ |
| <input type="checkbox"/> Jukebox | <input type="checkbox"/> VCR |
| | <input type="checkbox"/> Dartboard(s), # of _____ |

STATEMENT OF APPLICANT: Under the pains and penalties of perjury, I affirm that the answers contained in this application are true to the best of my knowledge and belief, and that there are no other indirect interests in this license other than those indicated in this application.

1. d/b/a(business name) _____ 2. Telephone(premises) _____
3. Business Name _____
4. Business Address _____
5. Name of Individual signing application _____
6. Relationship to Business (please explain) _____
7. Home address _____ 8. Home telephone _____
9. Attorney's name _____
10. Attorney's address _____ 11 Attorney's telephone _____

DATE SIGNED _____

SIGNATURE OF APPLICANT _____

THOMAS M. MENINO, Mayor

PART I
Business Organization

1. The business for which this application is being filed is a: {Please check the applicable section:}

- () Sole Proprietorship (please state owner's name) _____
- () Partnership (list partners) _____
- () Limited Partnership (list partners) _____
- () Corporation name _____ (if the applicant is a corporation, give the name and home address of each officer, director and each shareholder and the amount of stock in the corporation owned by each. Submit cover sheet if necessary)
- _____
- _____
- _____

2. Employer I.D. Number _____

3. If new ownership, please indicate previous d/b/a , owner and date you assumed possession

PART II
Manager of Record

Please provide the following information on the proposed manager of record:

Proposed Manager of Record: _____

Home Address _____

Phone Number _____ Social Security Number _____

Date of Birth _____ Place of Birth _____

Mother's Maiden Name _____ Father's Name _____

WITHIN THE PAST SEVEN YEARS, HAS THE PROPOSED MANAGER BEEN CONVICTED OF A FELONY OR A VIOLATION OF A STATE OR FEDERAL NARCOTICS LAW? _____

PART III
Operation

Proposed Capacity of Premises _____ Number of Restrooms _____ Number of Egresses _____

Hours of Operation of AB/CV License _____

Proposed Hours of Entertainment _____

Please provide a copy of your current:

() Inspection Certificate
Inspectional Services-1 01 0 Massachusetts Ave

() Fire Assembly Permit
Fire Department Headquarters-1 15 Southampton St.

() AB/CV License
Licensing Board, Boston City Hall, Room 809

() d/b/a Certificate
City Clerk's Office, Boston City Hall, Room 601

() Articles of Organization of the Corporation
Secretary of State's Office-1 Ashburton Place